1/8RM

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(PR

Judge - cheif - Justice

1. TUCKERSON

2. CV 08 0166

3. Re: MICHAEL JOSEPH PRATT, at Salinas valley state prison.

4. I'd like to send my appreciation, for your help

5. regarding the letter you sent to Robert Sillen, at

6. the Medical Recievership Corp.

7. I had my operation at Salinas valley

8. Memorial Hospital. ON: My C-6-7- disc herniation.

9. I also, had anterial, plate, screws, Removed on: C-5-6.

10. By: DR. KACZMAR, 220 San Jose St. Salinas, CA.

11. 93901-3975. TEL.(831) 424-0807. FAX.(831) 424-3408.

12. ON: 11/14/2007. DISCHARGE: 11/19/2007.

13. I also, have retrolisthesis of C-3-4. and, L-5-S-1.

14. The reason im enforming you of all, this, is Because;

15. we have made Someone up-set Big time...

16. as you know, ive wrote, you, Robert Sillen, Alison HARDY,

17. MEDICAL BOARD, FEDERAL DEFENDER office MONICA KNOX,

18. DR, PETER Farber'IZEKRENQI DEP of corrections CCU-HCSD,

19. L.TREXLER Associate warden, of Health care, at S.V.S.P.

20. Now, after my operation ive Been telling them, the

21. Medical Department, to take me Back to the Hospital.

22. that Something is wrong my NECK, Back, is WORSE" NOT

23. Better. Now, Im requesting EMERGENCY injuntion

24. T.P.II. Releif ... Please"!! I know this is not a

25. correct form: But, Im on, "No cronic pain Medication"

26. after a Serious operation that went wrong.

27. See" attached Documentation of operations...

28. The prison wont follow neuro-surgion-Recomendations.

as you can read in the Medical Records Report, My follow-up appointment should Be in 3-to-4-weeks, if" everything went fine. But, it isn't fine. and, to days date is 12-28-07. Well, over 4-weeks ...

ALSO NOTE: By the Report ... Neuro-Surgion-Recomends Medication: NORCO 10/325 1 q4h P.R.N. pain. They won't give it to me; and or take me Back to the Hospital.

Reprisals are being taken against not only me, But the Genral population on -A- yard facility inmates that file inmate 602 appeals.

I'm currentley haven the -A- yard inmates Sign an appeal on this matter.

untill then your help in protecting my Health, and Mental condition would be appreciated.

I'm encloseing a direct line to the C.M.O. here at S.V.S.P. as in phone NO 769-3587.

Also, here is my federal Defender's phone MONICA KNOX, (916) 498-5700.

IF possible" requesting t.p.I. order ... FOR proper medical Care, treatment at S.V.S.P.

petitioner

Date. 12-28-07

MICHAEL JOSEPH PRATT

S.V.S.P. P-87382.

Signature michael j Pratt

P87382

1034573

DATE OF ADMISSION: 11/14/2007
DATE OF DISCHARGE: 11/19/2007

ADMITTING DIAGNOSIS:
1. C6-C7 disc herniation.
2. Urinary retention possibly secondary to prostatic hypertrophy.

HISTORY OF PRESENT ILLNESS:
The patient is a 42-year-old male inmate who underwent successful anterior discectomy and fusion at C5-C6 in 2004. He presented with progressive, severe neck pain with radiation to the right upper extremity, unresponsive to conservative management. Neurologic examination intact. MRI scan of the cervical spine demonstrated C6-C7 disc protrusion with moderate central and bilateral neural foraminal stenosis. Of note, this patient has also had previous difficulty with urinary hesitancy and retention.

HOSPITAL COURSE:
The patient was admitted, and on 11/14 underwent anterior microdiscectomy at C6-C7 without fusion and anterior plating. The procedure was tolerated well without complication. There was no postoperative neurologic deficit. The patient did experience increased urinary retention postoperatively and required a Foley catheter. Trial voiding after removing the Foley catheter was unsuccessful and urology consultation was obtained from Dan M. Milanesa, M.D. The Foley was replaced. The patient was mobilized without difficulty and had no other postoperative problems. He was transferred to Salinas Valley State Prison on 11/19, 5th postoperative day. Urologic plan was for trial of voiding after catheter removal on 11/21/07. If the patient is unable to void at that point, the Foley would be replaced, and outpatient followup would be arranged with Dan M. Milanesa, M.D. Followup in my office should be arranged in approximately 3-4 weeks.

DISCHARGE INSTRUCTIONS:
DISPOSITION:
DIET:
ACTIVITY:
FOLLOW-UP: My office in 3 to 4 weeks.

MEDICATIONS:
1. Norco 10/325 1 q4h p.r.n. pain.
2. Pre-surgical medications at the prison including Gabapentin, Methocarbamol,

Mirtazapine.

DD: 11/19/2007 @ 13:12
DT: 11/19/2007 @ 13:11
dr - #1034573 00408210

James D. Dacus, III M.D.

Dacus,James D III MD

SALINAS VALLEY MEMORIAL
HEALTHCARE SYSTEM
450 E. Romie Lane
Salinas, CA 93901

PAT: PRATT,MICHAEL J
MR#: H0607148 ACCT#:
ADM: LOC/RM:
PROVIDER: Dacus,James D III MD

***** DISCHARGE SUMMARY *****

CC: Theodore Kaczmar, Jr. M.D.
Correctional Training Facility

1033843

DATE OF CONSULTATION:
11/16/2007

REQUESTING PHYSICIAN:
Theodore Kaczmar, Jr. M.D.

CONSULTING PHYSICIAN:
Leonard G. Renfer, M.D.

HISTORY OF PRESENT ILLNESS:
The patient is a 42-year-old inmate at Salinas Valley State Prison who returned after a prior microdiscectomy in 2004 and underwent a fusion by Theodore Kaczmar, Jr. M.D. three days ago. Postoperatively he has demonstrated intermittent frequency and urgency and has actually had intermittent catheterization performed successfully and finally had a bladder scan done this morning which showed an elevated residual and a Foley catheter was placed with 1000 mL of clear urine drained. He had described a chronic complaint of frequency and decreased stream for over a year prior to his surgery.

PAST MEDICAL HISTORY:
History of hepatitis C.

MEDICATIONS:
1. Multivitamins.
2. Neurontin.
3. Tylenol #3.

ALLERGIES:
PENICILLIN, DILANTIN AND DEPAKOTE.

PHYSICAL EXAMINATION
GENITOURINARY: Foley catheter draining clear urine. He has normal phallus and testes.
RECTAL: Deferred.

IMPRESSION:
Postoperative urinary retention with suggestion of underlying possible bladder outlet obstruction.

PLAN:
Leave Foley catheter in for five days. He is currently prepared for discharge and so I have okayed his discharge with a Foley catheter and given instructions to the prison clinic to remove his Foley catheter next Wednesday. He will then be given a

FAXED

SALINAS VALLEY MEMORIAL
HEALTHCARE SYSTEM
450 E. Romie Lane
Salinas, CA 93901

PAT: PRATT,MICHAEL J
MR#: H0607148 ACCT#:
ADM: LOC/RM:
PROVIDER: Renfer,Leonard G. M.D.

*** CONSULTATION ***

voiding trial or a replacement of Foley if he is unable to void. He is also instructed to have follow-up visit with Dan M. Milanesa, M.D. via the usual system.

Thank you for your kind referral for consultation.

DD: 11/16/2007 @ 16:29
DT: 11/16/2007 @ 16:32
gh - #1033843 00407946

Leonard G. Renfer, M.D.

Renfer,Leonard G. M.D.

SALINAS VALLEY MEMORIAL
HEALTHCARE SYSTEM
450 E. Romie Lane
Salinas, CA 93901

PAT: PRATT,MICHAEL J
MR#: H0607148 ACCT#:
ADM: LOC/RM:
PROVIDER: Renfer,Leonard G. M.D.

FAXED

*** CONSULTATION ***

CC: James W. Dickey, III M.D.

1032919

DATE OF PROCEDURE:
11/14/2007

SURGEON:
Theodore Kaczmar, Jr. M.D.

FIRST ASSISTANT SURGEON:
James W. Dickey, III M.D.

ANESTHESIOLOGIST:

ANESTHESIA:
General endotracheal intubation.

PREPARATION:
DuraPrep.

PREOPERATIVE DIAGNOSIS:
Herniated disc, C6-7.

POSTOPERATIVE DIAGNOSIS:
Herniated disc, C6-7.

PROCEDURE PERFORMED:
Anterior microdiscectomy, C6-7, with machined allograft fusion and anterior plating.

ESTIMATED BLOOD LOSS:
20 ml.

DESCRIPTION OF PROCEDURE:
The patient was taken to the Operating Room and after satisfactory induction of general anesthesia, was placed on the operating table in the supine position with the head slightly extended on the doughnut headrest. The anterior cervical area was prepped and draped sterilely. A 3- to 4-cm incision was marked transversely in the left cervical area extending from just lateral to the midline to the anterior border of sternocleidomastoid at the level of the cricoid cartilage. This coincided exactly with the preexisting incision. The incision was injected with .5% lidocaine and 1:400,000 epinephrine. Incision was made and the subcutaneous tissue was undermined sharply. Self-retaining retractors were placed.

The platysma was divided sharply in the direction of its fibers.

There was relatively little scar tissue encountered. Blunt dissection was used between midline structures and carotid sheath down the prevertebral fascia. The fascia was coagulated, incised and reflected away with the Kitner dissector. The existing C5-6 plate was exposed. The C6-7 disc space was localized with reference to the plate and also confirmed by means of intraoperative x-ray. The medial borders of longus colli were coagulated, incised and reflected laterally. Shadow-Line self-retaining retractors were placed, taking care that the sharp blades were within the body of longus colli muscle. It appeared that adequate space existed to perform the discectomy and fusion and to place a new plate without having to remove the existing C5-6 hardware. Therefore, the hardware was left intact.

Under loupe magnification, the anterior annulus of C5-6 was incised in rectangular fashion with #15 blade. The anterior portion of the disc was removed with straight pituitary forceps and bayonetted angled curets. Distraction posts were placed at C6 and C7 and the disc space distracted. Additional disc was removed. The cortical end-plates were drilled with the Hall irrigating drill both to improve access into the disc space and also in preparation for later grafting.

At this point, the microscope was brought into the field. The remainder of the disc dissection was carried out under microscopic view. The posterior portion of the disc was removed with bayonetted micro-curets. Obvious small to moderate-sized soft central disc herniation was encountered and this was removed with curets and micro-forceps. A moderate degree of osteophyte extended across the disc space both in the superior aspect of C7 and the inferior aspect of C6. This was taken down with the Hall irrigating drill. The disc was completely removed back to and including the annulus and a portion of the posterior longitudinal ligament. Dissection was extended to the foraminal areas bilaterally. An excellent decompression was achieved across the disc space and into the foraminal areas bilaterally. Hemostasis was achieved with bipolar coagulation and temporary application of Gelfoam. The disc space was irrigated with saline. The microscope was brought out of the field.

The remainder of the case was carried out again under loupe magnification. A 7-mm corticocancellous machined cornerstone allograft had been selected. This was coated with Grafton putty and countersunk into place at the C7 disc space. The distraction and the distraction posts were removed and bone hemostasis achieved with Gelfoam. A 21-mm titanium Atlantis plate was selected and secured to the C6 and C7 vertebral bodies with 13-mm self-tamping screws after drilling appropriate pilot holes. Variable angled screws were used at C6 and fixed angled screws at C7. The plate locking screws were tightened. Excellent position of the graft and plate was confirmed by means of intraoperative x-ray.

The Shadow-Line retractors were removed. Meticulous hemostasis

was achieved by bipolar coagulation. The wound was previously irrigated with bacitracin solution. The platysma was closed with interrupted 3-0 Vicryl suture. The subcutaneous tissue was closed with interrupted inverted 3-0 Vicryl suture. The skin was closed with running 4-0 Monocryl subcuticular suture. Dermabond was applied to the wound.

CONDITION AT COMPLETION OF PROCEDURE:
The patient tolerated the procedure well and was returned to the Recovery Room in stable condition.

SPONGE, NEEDLE AND PATTIE COUNTS:
Correct.

DD: 11/14/2007 @ 10:16
DT: 11/14/2007 @ 22:43
nc - #1032919 00407646

Theodore Kaczmar, Jr. M.D.

Kaczmar,Theodore JR M.D.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
450 E. Romie Lane
Salinas, CA 93901

PAT: PRATT,MICHAEL J
MR#: H0607148 ACCT#:
ADM: LOC/RM:
PROVIDER: Kaczmar,Theodore JR M.D.

***** OPERATIVE REPORT *****

1032366

CHIEF COMPLAINT:
Neck pain.

HISTORY OF PRESENT ILLNESS:
The patient is a 42-year-old male inmate at Salinas Valley State Prison who underwent successful anterior microdiskectomy at C5-6 with allograft fusion and anterior plating in 2004. He returns with progressively severe neck pain over the past several months with radiation to the right upper extremity. This is unrelated to any specific injury or inciting event. The pain radiates from the neck to the upper arm and forearm and he experiences associated numbness in the upper arm. The pain also radiates to the anterior chest wall and scapula. This pain increases with physical activity as well as with cough and sneeze. He denies any left upper extremity symptoms. There is no gait or sphincteric disturbance. The patient does experience chronic back pain, which was known previously. This is related to a documented lumbar spondylolisthesis.

PAST MEDICAL HISTORY:
Remarkable for the cervical disk surgery. He has a history of seizure disorder since childhood. He has had surgery in the right hand following an injury.

ALLERGIES:
He states he is allergic to penicillin, Dilantin and Depakote.

CURRENT MEDICATIONS:
Multivitamins and Neurontin as well as Tylenol #3. The patient has a history of dyslexia and attention deficit disorder with hyperactivity. He has a history of hepatitis C. He smokes, perhaps, two cigarettes per day.

FAMILY HISTORY:
Remarkable for heart disease with myocardial infarction in the patient's father, who is deceased. The patient's mother suffered a stroke. The patient has a sister with breast cancer. His children suffer from attention deficit disorder.

REVIEW OF SYSTEMS:
Remarkable as noted above. He describes some urinary frequency and hesitancy, this is of longstanding.
PHYSICAL EXAMINATION:
GENERAL: This is a well-developed, well-nourished male in moderate apparent discomfort.
HEENT: Negative.
NECK: Examination of the neck shows moderately severe restricted

rotation extension bilaterally. There is a healed anterior surgical scar. There is no adenopathy, thyromegaly or mass.
CHEST: Clear to auscultation.
CARDIAC: Shows a regular sinus rhythm without murmur.
ABDOMEN: Soft and nontender without distention or mass.
EXTREMITIES: Shows a healed surgical scar in the right hand. There is full range of motion with intact peripheral pulses.
NEUROLOGIC: The patient is awake, alert, and oriented times three with normal mentation and speech. Cranial nerves II through XII are intact. The gait is normal. Motor strength is full in the upper and lower extremities with some limitation secondary to pain. Sensory examination shows diminished pin appreciation in the proximal right upper extremity. Deep tendon reflexes are 2+ and symmetric with the exception of a trace right triceps jerk. The toes are downgoing. Hoffman sign is negative. Finger-to-nose examination is intact.

MRI scan of the cervical spine shows a C6-7 disk protrusion with moderate central and bilateral neural foraminal stenosis.

IMPRESSION:
C6-7 disk protrusion status post successful C5-6 diskectomy and fusion.

The patient is admitted at this time for surgical treatment, which shall consistent of anterior microdiskectomy at C6-7 with allograft fusion and anterior plating. Previous hardware may need to be removed and fusion explored. I have discussed the nature of the procedure with the patient along with treatment, alternatives and potential risks and benefits, emphasizing the possibility of failure to relieve symptoms. He understands and agrees to proceed.

DD: 11/12/2007 @ 14:35
DT: 11/12/2007 @ 17:41
kas - #1032366 00407306

Theodore Kaczmar, Jr. M.D.

Kaczmar,Theodore JR M.D.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
450 E. Romie Lane
Salinas, CA 93901

PAT: PRATT,MICHAEL J
MR#: H0607148 ACCT#:
ADM: LOC/RM:
PROVIDER: Kaczmar,Theodore JR M.D.

***** HISTORY AND PHYSICAL REPORT *****

Dear Doctor: Kaczmar

This patient is a forensic patient from:

Soledad Correctional Training Facility _____

Salinas Valley Prison _____

Please help us facilitate the transition of the patient's care back to the prison infirmary by calling the prison's General Medical Officer. The G.M.O. is to be called on or before the day of discharge.

By initialing this form, our Case Managers will know that you have spoken with the G.M.O., and that the G.M.O. has accepted the patient back in transfer.

P.S. Can pt go back to the Yard? Yes Initial: TW

You may reach the General Medical Officer at:

Soledad Correctional Training Facility: 678-5982

Spoke with Dr. _____ Date: _____

***Salinas Valley Prison**: Direct Line – Emergency Room **678-5500 ext 5571** and/or the inpatient area **678-5598** and ask for the physician on call*

on 1/17 07

Dr. Bowman

Charles Dudley Lee, MD – ~~Chief~~ Physician:
678-5594 – Office 678-5504 – Fax
~~769-3024 – Pager~~ 769-3587

also need D/C summary

Spoke with Dr. _____ Date: _____

Thank you for your help!

The Case Management Department

Revised 10/23/2007

MICHAEL JOSEPH PRATT, P-87382
P.O. BOX 1050
Soledad, CA. 93960-1050
Salinas valley State prison

Judge - cheif - Justice
ATT: HENDERSON
NORTHERN DISTRICT OF CALIFORNIA
U.S. DISTRICT COURT
450 GOLDEN GATE AVE. FLOOR 16. S
SAN francisco, CA. 94102

STATE PRISON
GENERATED MAIL

LEGAL MAIL ONLY

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JAN - 8 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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